

## ISSUE SLIP STAPLE AREA (for additional cross references)

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	TCD		8/10/99
O.I.P.E. CLASSIFIER	2		8/13/99
FORMALITY REVIEW	71010		8/24/99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/2
2	✓	✓	10/2
3	✓	✓	10/2
4	✓	✓	10/2
5	✓	✓	10/2
6	✓	✓	10/2
7	✓	✓	10/2
8	✓	✓	10/2
9	✓	✓	10/2
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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